

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/831123** FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/						
52		/						
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100								
TOTAL IND.	18							
TOTAL DEP.		63						
TOTAL CLAIMS	81							

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